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## Integrating spirituality into mental health counseling

### Abstract

This paper represents an attempt to bring together information from the existing literature that, when combined, could form a basic framework of thought and application for counselors who wish to integrate spirituality into mental health counseling. As mental health counseling students or more seasoned professionals consider this information, they may choose to take practical ideas into their work with clients, or at least become more involved in further reading and research on the topic. The paper concludes with a presentation of ethical issues that specifically relate to the integration of spirituality into the traditional mental health counseling paradigm.

# INTEGRATING SPIRITUALITY INTO MENTAL HEALTH COUNSELING

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A Research Paper

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

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July 2000

This Research Paper by: Mary Jane Madsen

Entitled: INTEGRATING SPIRITUALITY INTO MENTAL HEALTH COUNSELING

has been approved as meeting research paper requirements for the Degree of Master of  
Arts

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## Integrating Spirituality into Mental Health Counseling

Within the past 10 years, many mental health practitioners have expressed a growing interest in addressing their clients' spiritual and religious beliefs as a part of the counseling process. As a result of this trend, there is a somewhat confusing and nonsystematic wealth of literature focused upon the integration of spirituality into counseling from various perspectives. Furthermore, the actual application of spiritual concepts into practice or counselor training lags behind the production of literature.

Combined with this acknowledgment, my own spiritual experiences and beliefs have shaped and energized my growth as a person, my approach to the educational process, and my motivation to become a mental health counselor. Yet none of my professors initiated an exploration of either my own or my clients' spirituality. As a result, I have intentionally read and/or presented spiritually oriented materials whenever they were appropriate as a supplement to my education and training.

Therefore, this paper represents an attempt to bring together information from the existing literature that, when combined, could form a basic framework of thought and application for counselors who wish to integrate spirituality into mental health counseling. By reading this paper, students and practitioners may be challenged to examine their own spirituality, which could enhance their therapeutic

work. Additionally, as mental health counseling students or more seasoned professionals consider this information, they may choose to take practical ideas into their work with clients or at least to become more involved in further reading and research on the topic.

The paper begins with a clarification of terms intended to focus the remainder of the content. Additional topics include a rationale for integrating spirituality into counseling and a description of desirable characteristics of counselors who wish to include spirituality as part of their practice. These topics are followed by a discussion of presenting concerns, assessment options, and various diagnostic conceptualizations that are related to clients' spiritual issues. Several relevant theoretical frameworks and corresponding interventions are also discussed. The paper concludes with a presentation of ethical issues that specifically relate to the integration of spirituality into the traditional mental health counseling paradigm.

### Defining Terms

Amid the wealth of literature on spiritual issues, researchers have described words that are integral to this discussion in a variety of ways. It is important to form a common understanding of how the words spirituality and religion will be defined in this paper. Rather than using a narrow perspective, these words will be defined in ways that are inclusive of much of the available literature.

### Spirituality

The word spirituality forms the focus of this paper. Some writers, such as Fukuyama and Sevig (1997), Linnenberg (1997), Lukoff, Lu, and Turner (1995), and Zinnbauer et al. (1997), have suggested that spirituality involves a personal relationship with God or some higher power. Others have described spirituality as a personal search to fulfill an inherent need for meaning and purpose in life (Morris, 1996; Turner, Lukoff, Barnhouse, & Lu, 1995; Westgate, 1996). All of these writers agree that spirituality is an internal quality in people's lives. Taken together, these themes form an inclusive, and not necessarily contradictory, working definition of the term spirituality that is appropriate for the purposes of this paper. The word spirituality in this paper refers to the internal process that occurs as people search for individual meaning and purpose and may or may not include a personal relationship with God or a higher power.

### Religion

Religion, by contrast, consists of external activities that express people's internal spirituality (Linnenberg, 1997). Religion most often involves following the accepted beliefs and practices of an organized religious institution (Lukoff et al., 1995).

Mental health practitioners should recognize the interrelatedness of the two concepts. However, clients' spirituality can be expressed and can be addressed in

counseling without reliance on religion or religious practices (Linnenberg, 1997).

Since spirituality and religion are not interchangeable concepts, this paper will offer a variety of perspectives on spirituality, including, but not exclusively, religious ones.

### **Rationale for Including Spirituality as a Dimension of Counseling**

Several factors have contributed to the legitimacy of spirituality as a dimension of mental health counseling. They include the presence of a philosophical shift in U. S. society, recognition of spirituality in the process of human development, acceptance of spirituality and religion by the APA, and acknowledgment of benefits to the counseling process.

### **Background**

As Steere (1997) and Lukoff et al. (1995) explained, while spirituality and religion used to be nearly inextricable concepts, they have become more distinct from each other in the past 25 years due to the secularization of U. S. society, as well as a general disenchantment with organized religion. Many people have chosen to express their spirituality in a variety of ways, some exclusive of organized religion. In the past, people relied on religious leaders to assist them with their spiritual concerns. Since many people are no longer participating in organized religion to the same degree that they have in the past, some people in the U. S. now bring their spiritual needs into the mental health arena.



### Part of Normative Development Process

Many psychological thinkers have suggested that a spiritual search is a normative part of life experience. For example, Westgate (1996) reported that, from Carl Jung's perspective, the real developmental task for people over the age of 35 is to find a spiritual direction. Furthermore, Nino (1997) described the process of seeking meaning as an active process embedded within each person's cultural context. As people become actively engaged in this process, they can become stronger and experience greater internal and external congruence. Therefore, it is important for therapists to have an understanding of spirituality as a part of the human developmental process.

Having this understanding can help therapists prevent misdiagnosis or mistreatment of their clients (Gopaul-McNicol, 1997) and can allow them to offer a broader treatment perspective. There are several developmental models that emphasize various aspects of spirituality. However, there is no single comprehensive model that addresses spirituality in its entirety. Among the models, Peck's (1993) stage model of spiritual development and Fowler's (1996) stage theory of faith development represent two perspectives that will be presented in this paper.

Peck's stages of spiritual development. Peck's (1993) model of spiritual development includes 4 stages that are not age-specific or linear in progression.

Peck explained spirituality as a dynamic between external or internal guidelines and people's behavior and attitudes. Therefore Peck's model addresses people's search for meaning and purpose in their lives that may or may not be expressed through religion.

The first stage in Peck's (1993) model of spiritual development is called the chaotic/antisocial stage where spirituality is absent. In the second stage, the formal/institutional stage, the prominent feature is people's strict adherence to religious standards or practices. In the third, or skeptical/individual, stage, principles, rather than a rigid ideology, guide people's choices. The final stage, the mystical/communal stage, occurs when people follow a spiritual interpretation of circumstances to determine their responses.

Fowler's stage theory. Another example of a stage model of spiritual development comes from Fowler's (1996) conceptualization of faith development. Fowler defined faith as being centered around an ultimate value such as God, self, money, job position, or family. People attribute meaning and purpose to their lives as they develop such organizing values.

Fowler outlined seven age-related, additive stages of development that are characterized by relationships with others, communication, and choices. Fowler claimed that people move through the seven stages as they encounter life crises or challenging circumstances. He asserted that spirituality develops in a complex

interplay with people's biological, emotional, cognitive, psycho-social, and religious-cultural influences.

The first stage, primal faith, occurs during infancy. Infants develop trust and mutuality in their relationships with parents and other significant caregivers.

Intuitive-projective faith, the second stage, occurs during early childhood. Children learn to communicate meaning through words, symbols, and images. They use their imaginations, perceptions, and feelings to form long-lasting images that represent both the intimidating and supportive forces around them.

Fowler's (1996) third stage of faith development, called mythic-literal faith, can occur during middle childhood and later years. People use their logical abilities, often through stories, to bring order and meaning to their lives. They begin to take on the perspectives of others.

The fourth stage, synthetic-conventional faith, can begin during adolescence and extend to older ages. People in this stage are absorbed in the interior worlds of themselves and others. They make commitments to values, beliefs, and their own personal styles based upon the approval of similar others. People in the synthetic-conventional stage of faith development cannot yet look at themselves and others from the perspective of a third person.

In the fifth, or individuative-reflective faith, stage, young adults and older people begin to reflect critically and form their own beliefs and values. They are

able to view themselves and others as part of a larger context. People in this stage want to make intentional commitments according to their ideology.

During the conjunctive faith stage, in early midlife or later, people integrate extremes and ambiguities. They learn to consider reality from multiple perspectives. People in this stage use symbols and stories with a newfound energy in order to express truth.

In the final stage, universalizing faith, people focus on being alive. They have energy to devote to human injustices, yet do not lose their sense of themselves in the process. They are nonjudgmental toward others. Fowler (1996) stated that people rarely develop universalizing faith. In each of Fowler's stages the focus is on finding and expressing meaning and purpose.

Mental health counselors can use the information from these stage models in the process of conceptualization, especially if their clients want to focus on their spirituality during counseling. Koenig and Pritchett (1998) concluded that, as counselors attempt to care for their clients from a holistic perspective, viewing spirituality as part of a dynamic with physical, emotional, and cognitive health, it becomes more acceptable and common within the field of psychology to address clients' spirituality during counseling.

### Acceptance by the American Psychiatric Association

The American Psychiatric Association (APA) (1994), in its Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-4), acknowledged the relevance of assessing and treating clients' spiritual concerns. The DSM-4 includes a diagnostic category for spiritual or religious problems that can be the focus of nonpathological clinical attention. Since spirituality is, therefore, a legitimate focus of treatment according to the APA, I assert that counselors should prepare themselves to assist their clients with spiritual concerns as professionally and ethically as possible.

### Benefits for Treatment Process

There are several inherent benefits to the therapeutic process when therapists and clients address spirituality during the course of therapy (Koenig & Pritchett, 1998). First, as therapists exemplify attitudes of thoroughness and caring by mentioning spirituality, they help strengthen the therapeutic relationship. In addition, clients' spirituality often provides powerful resources that can enhance the therapeutic process. And finally, therapists acquire a better understanding of their clients' conflicts and can use specific interventions that are consistent with their clients' belief systems.

### Characteristics of Counselors who Integrate Spirituality into their Practice

There are several personal characteristics that are desirable for counselors who effectively address spirituality in their practices. Competent counselors possess core relationship and counseling skills. They are engaged in the process of personal spiritual growth. These counselors are able to instill hope in their clients. Finally, they recognize when to ask for supervision and when to refer their clients to other professionals.

### Possession of Relationship Abilities and Counseling Skills

Many factors contribute to counselors' effectiveness when they address spiritual concerns with their clients. Regardless of individual clients' concerns, if counselors have genuine respect for their clients, utilize well-developed relational abilities, and possess technical counseling skills, they will be empowered to be effective with their clients. According to Kelly (1995), when spirituality is a part of the counseling process, these counselor qualities are more important than the counselor's own spirituality. Similarly, within the context of a comfortable established therapeutic relationship, clients can deal with the potential intensity of difficult issues (Burke & Miller, 1996). All of these relationship qualities form a good foundation for counselors who want to integrate spirituality into their work.

### Engagement in the Process of Personal Spiritual Examination

Counselors who undertake a personal spiritual examination discover an increased clarity to their own beliefs and values (Frame & Williams, 1996). Burke and Miller (1996) and Frame and Williams (1996) suggested that counselors engage in their own personal spiritual examination in order to be aware of when they are responding to their own issues rather than those of their clients. This self-examination process will help counselors better understand their clients' concerns and handle issues of countertransference that can arise. Counselors who have not explored their own spirituality might experience fear, confusion, or ignorance if clients address their spiritual concerns during sessions, or they might overreact to their clients' concerns. Clearly, counselors who engage in self-examination can enhance the process of therapy because they can better empathize with their clients' concerns, they can normalize the process of spiritual development, and they can be more aware of their own countertransference.

There are many ways for counselors to begin and continue a personal spiritual examination. They could read books about spirituality, journal, and/or talk to a mentor about their personal responses. They could attend retreats or seminars that focus on spiritual issues. Counselors who adhere to a specific set of beliefs could enlist a spiritual mentor to meet regularly and discuss readings or do other relevant activities, such as prayer or meditation. In addition, counselors

could examine their spirituality through individual counseling with a competent counselor.

Another way to engage in a spiritual examination is to complete a personal mission statement as suggested by Luckner and Nadler (1997). The personal mission statement is developed over a period of time and becomes a written statement of important values and life aspirations and plans. People who create a personal mission statement find that the statement helps them remain focused during times of confusion and turmoil, that they live more intentionally because they realize their priorities, and that they continually move in a future direction in their lives. The mission statement is formed as people spend time reflecting and writing about many thought-provoking questions. The process of writing a personal mission statement can be accomplished entirely alone or with a group of other people.

#### Ability to Be Agents of Hope

Effective counselors should be able to instill hope in their clients, which means that they must have hope of their own (Burke & Miller, 1996). Since hope is one dimension of spirituality, counselors should examine their own beliefs to find their source and level of personal hopefulness. Such an introspective examination is consistent with the recommendations of several writers (Frame & Williams, 1996; Fukuyama & Sevig, 1997; Linnenberg, 1997).



### Willingness to Set Appropriate Limits

Through the process of personal examination, counselors can also gain an awareness of their areas of comfort, as well as their limitations, and will be better able to set appropriate boundaries with clients or make referrals (Fukuyama & Sevig, 1997). In addition, Linnenberg (1997) suggested that counselors need to understand their own worldview to keep from projecting their own beliefs onto their clients. Even more specifically, counselors who understand their own spirituality and the direction they are going will be better equipped to understand their clients' spiritual searches. Linnenberg also emphasized the need for counselor flexibility and understanding when responding to clients' spirituality, knowing that many different paths could lead to the same spiritual state.

These characteristics are only the beginning of competence for counselors who want to address their clients' spiritual issues. The personal characteristics should be combined with knowledge and understanding for the most effective counseling. Part of the knowledge that is necessary involves the recognition of presenting concerns that could indicate the need to address spirituality with clients.

### Presenting Concerns that may Involve Spirituality

During the process of therapy, counselors could recognize a variety of circumstances that indicate spirituality might be part of clients' concerns. Clients who are reformulating their life experiences, undergoing significant life events, or

having problems with their religion could benefit by examining their spirituality. Competent counselors will be alert to obvious and underlying spiritual issues in their clients' expressed concerns.

### Identity Development

Spiritual issues can surface as part of the process of identity development. As Nino (1997) reported, adults engage actively in a process of exploring, evaluating, and reformulating their life experiences. Some people display a sense of urgency in looking inward and asking important questions. This process is integral to identity formation and may involve asking questions about the meaning or purpose of life.

### Significant Life Events

Many people want to consider spiritual issues during times of crisis or change (Fukuyama & Sevig, 1997). Clients may question the meaning of life and death when significant life events, such as death, birth, divorce, or job change, occur. They could benefit from counseling that addresses their spirituality (Morris, 1996) *during these times*.

### Issues Related to Religion

While spiritual concerns are sometimes expressed as part of the developmental process or during times of change, some clients may have spiritual needs that are intertwined with the practice of their religion. Sometimes people

become alienated from their usual religious practices due to feelings of loneliness, fear, or unworthiness (Morris, 1996).

Others may have broken relationships with people, such as pastors or fellow believers, in their religious communities (Grame, Tortorici, Healey, Dillingham, & Winklebaur, 1999). Some clients might present concerns about affiliating with a specific denomination, converting to a new belief system, making deeper commitments, questioning their beliefs, dealing with guilt, or understanding cults. While they examine these issues that seem to be more religion-centered, clients may be searching to clarify or re-define their spirituality (Turner et al., 1995).

#### Other Spiritual Issues

Other more specific spiritual problems are also reported in the current literature. Many clients want to explore mystical experiences, near-death experiences, spiritual emergencies, meditation, terminal illness, or addictions (Turner et al., 1995), all of which involve spirituality. Details about these topics are beyond the scope of this paper.

#### Summary

Counselors who address their clients' spiritual issues must not be naive concerning the range of presenting concerns that can indicate spiritual needs. Whether clients have questions about identity, significant life events, religion,

or other more specific spiritual issues, competent counselors will develop appropriate abilities and knowledge to provide high quality services.

### Assessment of Spiritual Issues

Koenig and Pritchett (1998) emphasized that APA members support the collection of information regarding the cultural and spiritual contexts of clients' lives. Therefore, it is appropriate to address clients' spirituality as part of the assessment process. Counselors can use questions, formal questionnaires, or diagrams to gain an awareness of their clients' spirituality and spiritual needs.

### Questions

During the assessment stage, counselors who use relevant questions to determine the importance of spirituality in their clients' lives can learn what their clients' spiritual searches entail (Smith, 1999). Smith (1999), in his presentation on enhancing client spirituality, recommended asking clients questions about where they find peace, security, or strength as possible ways to begin exploring spirituality non-threateningly. These questions might be followed by other questions that ask where, how, when, or who to obtain more details. Smith stated that these questions are very neutral and non-offensive, yet they provide an opportunity to gather meaningful information about clients' needs.

### Questionnaires

More formal assessment questionnaires are also available. These can be used as part of a standard intake process or introduced during subsequent sessions. One questionnaire is the Spiritual Well-Being Scale (SWBS) (Paloutzian & Ellison, 1991), a 20-item questionnaire rated on a 6-point Likert scale. The scale measures two dimensions of spiritual well-being: religious well-being (relationship with God) and existential well-being (meaning, ideals, faith, commitment, and purpose in life). The SWBS is clear, brief, and relatively non-threatening. Its use as an assessment instrument can serve as an avenue for gaining tentative insight or for further exploration at a later time.

The specific items can easily be integrated into the process of therapy in the form of questions or creative interventions. For example, item 4 “I don’t know who I am, where I came from, or where I am going” could be transformed into an intervention where clients complete a genogram based on their relationships, culture, or spirituality. After processing the past and present features, clients could project into the future and discuss future dreams or a legacy they wish to leave someone. Alternatively, clients could draw or design a life map showing significant events and lessons learned, as well as future hopes or goals.

### A Diagram

During this writer's experience as a mental health counselor intern, using a simple circular diagram that highlighted physical, emotional, mental, social, and spiritual components helped normalize the topic of spirituality, while allowing clients to choose whether or not to discuss their spiritual concerns.

One particular client, a college student, remarked, "I really appreciated the circle because it helped me to look at all the parts of my life and not just focus on the negatives. I realized that I have other things in my life that can help me, like my friends and God." In addition, this client discussed some specific spiritual experiences during the process of counseling, but they comprised only one aspect of the therapeutic process. The circular diagram, drawn on a blank piece of paper during the session, was a non-threatening, non-judgmental assessment tool, as well as an effective intervention to address this particular client's spiritual concerns and strengths.

These and other assessment techniques can be used to introduce the topic of spirituality into the counseling process. Counselors should use the assessment techniques with discernment depending on each client's presenting concerns and the degree of openness expressed by each client (Grame et al., 1999). Counselors can rely on historical information, topics mentioned in clients' presenting concerns, the words that clients use, clients' nonverbal behavior, or clients' responses to

spiritual questions to determine to what degree clients wish to discuss their spirituality.

### Diagnosis and Conceptualization of Clients' Spiritual Concerns

Following, and closely related to, assessment, counselors need to formulate a diagnosis or some form of conceptualization of clients' most pressing concerns. One alternative for diagnosing spiritual concerns is to rely on established DSM-4 categories that are research-based and confirmed. Counselors who use the DSM-4 should be aware of the potential for dual diagnoses, or confusion between spiritual issues and DSM-4 categories. Another alternative for conceptualization is to think about clients' spirituality in terms of being self-enhancing or self-defeating. There are other possible ways to conceptualize spiritual concerns, but these two methods provide examples of frameworks that can help guide the treatment process.

#### Utilizing DSM-4 Criteria

The APA (1994), in its DSM-4, included a diagnostic V-code category called "religious or spiritual problem" (APA, 1994, pg. 685) that counselors can use to help categorize and think about the spiritual concerns of their clients. Such religious or spiritual concerns could include "distressing experiences that involve the loss of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized

church or religious institution” (APA, 1994, pg. 685). This diagnosis could be either a primary or secondary designation.

Dual diagnoses. Counselors should be aware of the potential for dual diagnoses where religious or spiritual problems co-exist with mental disorders. There are some common dual diagnoses, including alcohol/drug abuse, obsessive-compulsive disorder, and psychotic disorders.

Differentiating between psychopathology and spiritual distress. Still other clients may present spiritual concerns in the form of spiritual distress (Morris, 1996), which involves a struggle with spiritual issues that is growth-related (Kelly, 1995). Kelly (1995) emphasized the importance of being familiar with the symptoms of spiritual distress in order to differentiate between spiritual distress and mental disorders like depression or bipolar disorder.

Carpentino (1993) pointed out that the symptoms of spiritual distress can vary, but must include a severe risk or challenge to clients’ belief or value systems that normally provide meaning and purpose to their lives. Other symptoms include a sense of being disconnected from oneself, others, one’s world, and God, that extends beyond psychosocial or physical realities (Morris, 1996). Clients in spiritual distress can exhibit severe cognitive, affective, and behavioral symptoms in addition to the core spiritual symptom (Kelly, 1995). Often, the symptoms



resemble those of depression or bipolar disorder, as clients can experience despair, hopelessness, anger and/or loss of motivation (Morris, 1996).

It can be difficult at times to determine the difference between spiritual or religious issues and psychopathology (Lukoff et al., 1995). Nevertheless, counselors can rely on the criteria from the DSM-4 to assist in the most accurate determination.

### Self-Enhancing or Self-Defeating Spirituality

Besides referring to the standard DSM-4 categorization as a guideline for diagnosing spiritual concerns, counselors might also choose to conceptualize clients' spiritual concerns as being self-enhancing (positive) or self-defeating (negative) (Jackson & Fulford, 1997; Warfield & Goldstein, 1996). This type of conceptualization is not as externally value-laden as the DSM-4 categorization because self-enhancing or self-defeating determinations can be made by clients and counselors together.

Jackson and Fulford (1997) emphasized their stance that spiritual experiences can be best judged by clients because the experiences are embedded in clients' belief and value systems. Counselors can help clients determine whether their spiritual concerns are self-enhancing or self-defeating by listening to clients' narratives, assessing their beliefs about their concerns, and discussing the effects on the clients' daily lives. Self-enhancing spiritual experiences empower clients'

actions, while self-defeating experiences disable clients from performing their usual willful actions. This is usually a subjective determination that can be made mutually as clients and counselors work together.

From Warfield and Goldstein's (1996) perspective, people whose spirituality is self-enhancing perceive themselves as worthy of love, capable of functioning in the world, and deserving of having egalitarian relationships with others. These peoples' lives have a constructive purpose. Many of them find a loving God who is directly involved in their lives and sustains them.

Alternatively, people with a self-defeating spirituality may seem insecure and defensive. They show a low self-esteem and often use others to meet their needs. They do not perceive the world as a safe place and, as a result, attempt to manipulate others. Their lives may seem to have no constructive purpose (Warfield & Goldstein, 1996).

Just as importantly, counselors' therapeutic responses can influence whether clients perceive their spiritual concerns as bizarre and unhealthy or as acceptable and healthy. Counselors' intentional reactions can help clients use their circumstances as means for growth rather than discouragement (Lukoff et al., 1995).

Regardless of the diagnostic or conceptual framework, as the counseling process unfolds, counselors may adjust their hypotheses to match new information.

Whatever the conceptual basis, counselors should expect differences and exceptions that can vary with each client they meet.

### Treating Spiritual Issues From Theoretical Perspectives

It is important for mental health counselors to use theoretical principles to help them understand how spiritual and bio-psycho-social dimensions are related and to guide treatment of spiritual issues (Morris, 1996). Several of the more commonly taught psychological theories allow for the inclusion of spirituality in both conceptualization and practice. These include some cognitive-behavioral theories, some psychodynamic theories, and some existential-humanistic theories, that will each be briefly addressed in this paper. Other theories that allow an examination of spirituality that will not be addressed in this paper include Jungian analysis, Adlerian theory, self psychology, and transpersonal psychology.

Each of the three theoretical perspectives, cognitive-behavioral, psychodynamic, and existential-humanistic, address clients' spirituality in unique ways. Taken together, they form an eclectic format with the potential for broad applications with clients. Each theory also offers the possibility of unique interventions that could apply to many different clients and circumstances.

### Background Information

According to Lukoff et al. (1995), Sigmund Freud, B. F. Skinner, and Albert Ellis either minimized or omitted people's spiritual experiences from their

conceptual frameworks. Additionally, they portrayed people who express spiritual ideas or concerns as pathological (Lukoff et al., 1995). However, as Linnenberg (1997) reported, William James believed that all people have a sense of uneasiness that is universal and that can be eliminated only through a personal connection with a higher power. Even though there has been some acknowledgment of spirituality historically, most psychological theories and psychotherapeutic approaches have excluded a spiritual dimension. Spiritual concerns have typically been relegated to the domain of clergy people or lay people who are trained as helpers.

#### Cognitive-Behavioral Perspective

Cognitive-behavioral theorists differ in their perceptions of the role of spirituality in people's lives. For example, Ellis (1980) contended that religious beliefs are pathological and lead to neuroses. Yet, other cognitive-behavioral theorists, such as Beck, Rush, Shaw, and Emery (1979) and Propst (1996), emphasize logical errors in thinking rather than specific beliefs, so they could help clients examine their religious beliefs for logical errors, rather than judging clients' religious beliefs in general. Consequently, spirituality can be easily incorporated into some cognitive-behavioral perspectives.

Clients' beliefs and assumptions. Cognitive-behavioral therapists can address spirituality as they help their clients examine their underlying beliefs and

assumptions (Jackson & Fulford, 1997). Beliefs and assumptions are directly related to how people construct meaning and purpose in their lives. In addition, beliefs can form the basis for a relationship with God. Therefore, as people consider, alter, and change their beliefs and assumptions, they can also change their perceptions about meaning and purpose or develop a deeper relationship with God. However, Propst (1996) clarified that, for true change to occur, this process must be more than a mental exercise and needs to become a part of people's experiences.

During times of intense existential crisis, people usually respond cognitively and behaviorally in ways that correspond with their underlying beliefs about their circumstances. If clients' thought processes are relatively free from logical errors and their belief systems allow for an openness to new experiences, they will probably accept such crises as nonpathological and could even grow spiritually in the process, as they discover greater meaning for their lives or experience an enhanced relationship with God. However, if clients have many logical errors in their thought processes, and also consider crises as threatening, their level of functioning could deteriorate. They could even become psychotic (Jackson & Fulford, 1997).

The extreme stress state of such a crisis allows people an optimal situation from which to change their beliefs and assumptions or to change their responses

to their circumstances. From a cognitive-behavioral perspective, counselors can help clients make either type of change, whether related to a crisis or everyday circumstances. They can choose from a wide range of interventions, depending on their clients' concerns and needs.

Interventions. Propst (1996), in her Christian cognitive-behavioral approach to counseling, recommended thought-monitoring as a way to begin the therapeutic intervention. As clients become aware of their automatic thought patterns, they can learn to challenge their assumptions that are self-defeating. Cognitive-behavioral therapists might help their religious clients learn to use thought stopping, cognitive rehearsal, or thought confrontation through the practice of religious imagery, reflection on Scriptures, or the development of a religious rationale that coincides with the changes they wish to make. Additionally, cognitive-behavioral therapists can validate ways that their clients use religion or spirituality to cope, especially if their concerns are acute. They may suggest religious scriptures that offer hope, role models, or promises (Koenig & Pritchett, 1998) that also relate directly to their clients' spiritual concerns.

Propst (1996) stressed the fact that counselors do not need to share their clients' beliefs to help clients use their beliefs effectively in the process of therapy. Therefore, Propst's methods can be modified for clients who are not religious or

whose beliefs differ from those of the counselor by using images, reflective materials, and rationales that fit with clients' particular beliefs and assumptions.

Frame and Williams (1996) recommended that counselors use metaphors to help clients transform difficult circumstances. By constructing metaphors that represent clients' situations, religious or non-religious, counselors can help clients make adjustments to the metaphors that can be translated into cognitive or behavioral changes in their real-life circumstances. Frame and Williams also emphasized the parallels between musical lyrics and clients' feelings and beliefs. Music can be used intentionally as a cognitive-behavioral intervention to explore clients' beliefs and assumptions. In addition, Frame and Williams suggested that clients transmit wisdom to younger people through the use of proverbs as a way of confirming life meaning and purpose. These interventions serve to instigate a process of challenge and affirmation to existing and newly-developed client beliefs.

From a more explicit religious perspective, the use of prayer and other religious practices can be used as interventions during counseling sessions. Yet their use is a controversial topic. McMinn (1996) warned that prayer may not always be appropriate, even with clients who share a similar belief system with the counselor. Counselors need to consider whether prayer is the best intervention to help clients in each specific circumstance. There is a danger of clients becoming overly dependent on counselors who pray with them, and at the least, prayer used

in sessions might inhibit the spiritual growth of certain clients by that dependency. Nevertheless, McMinn stated that counselors' personal prayer practices will impact the counseling process, whether or not prayer is used during sessions, or whether clients are aware or unaware that their counselors pray on their behalf.

A cognitive-behavioral theoretical approach provides an easily understood framework for implementing change in clients' thoughts, beliefs, and consequent actions. Therapists have developed many effective cognitive-behavioral interventions, some of which are highlighted in this paper, that can be adapted for use in addressing clients' spirituality. The content of cognitive-behavioral interventions can also be modified to use with spiritual clients, regardless of their spiritual or religious practices and beliefs.

### Object Relations Perspective

Alternatively, object relations theorists, from a psychodynamic perspective, explain people's experience according to the nature and quality of their human relationships and how those relationships are represented subjectively. The object relations perspective examines the dynamic between clients' internal representations (i.e. thinking patterns, feelings, and images) about themselves and others and the way those representations appear as attitudes and behaviors in clients' real-life relationships. Object relations therapists attend to the quality of their clients' important childhood relationships, how clients internalized those



relationships, and how their dynamics affect clients' present lives. Clients carry images, beliefs, and feelings from childhood, about themselves and other people, that translate into their current relationships. The images, beliefs, and feelings can be modified through corrective emotional experiences that occur during the course of therapy or later (Jones, 1997; Rizzuto, 1996).

Object relations and spirituality. Similarly, object relations theory addresses people's relationships with God or a higher power. The spiritual dimension is involved as people's capacity for relationship extends beyond themselves and others to God, and the same dynamics are repeated in that relationship. The form of a person's relationship with God is dependent on the inner representations of previous human relationships that make up the person's self. Through the therapeutic process, a warm bond with God can be re-created or a missing one can be compensated for, as client affect and relational patterns are addressed and as the reality of God is acknowledged (Jones, 1997).

Object relations therapists address people's relationships with God and how they parallel people's relationships with themselves and others. For example, if people had/have a distant, uninvolved parent, they may also perceive God to be the same way. Their interactions with God will reflect their sense of distance from God. People can experience enhancement in both their relationships with

themselves, other people and with God as a result of object relations therapy (Rizzuto, 1996).

Interventions. In contrast to cognitive-behavioral therapists, object relations therapists focus their attention and interventions on the dynamics of clients' current relationships, both with the therapist and with others outside of therapy. Object relations therapists do not reveal anything private about themselves and never make statements about God or religion. However, they will address the topics of God or religion if and when they are mentioned by their clients (Jones, 1997; Rizzuto, 1996).

Object relations therapists who address their clients' spirituality use the same interventions as any other object relations therapist. They use free association and rely heavily on interpreting their clients' transference in the therapeutic relationship. They may also use interpretation of dreams. Object relations therapists explore religious or spiritual issues with the same respect and care as any other issues the client may present (Rizzuto, 1996).

### Logotherapy Perspective

Clients' spirituality is also acknowledged and addressed within the existential framework. However, there are many diverse ideologies within the existential system that are too numerous for the scope of this paper. Frankl (1969), with his logotherapy, presented an existential ideology that endorses the

inclusion of clients' spirituality by asking questions about life, death, meaning, and purpose. Frankl's perspective will be outlined briefly in this paper.

Questions about life, death, meaning, and purpose.

Frankl (1969) believed that spirituality is a human need that should be expressed, shared, and experienced, but a need that cannot be explained rationally. He claimed that people's spirituality pervades every aspect of their being and cannot be ignored. Frankl's ideology is value-neutral, and logotherapy therapists discuss potentials, possibilities, and universal meanings, rather than ascribing to any particular system of thought. Frankl stopped short of acknowledging the possibility of people having a relationship with God or a higher being (cited in Marseille, 1997).

Interventions. There are no specific interventions that represent logotherapy except for questions and discussion about meaning, purpose, life, death, and other existential dilemmas. Logotherapy therapists attempt to enter into their clients' experiences as deeply as possible without using clearly defined techniques.

Smith's (1999) spiritual assessment questions that were previously mentioned could be used as interventions in logotherapy. Similarly, Nino (1997) developed a Spiritual Quest Form (SQF) that involves a sentence completion activity that addresses questions common to most adults. For example, clients may

disclose their attitudes about the present, the past, God, or their best successes. The SQF serves as a form of life review that aids clients in developing a broader sense of themselves. In the process, clients may experience healing of past experiences or consolidation of non-integrated ones. Nino emphasized that, in order to be therapeutic, the questions cannot be asked and answered in abstraction, but must interface with the clients' social-cultural contextual experience. Therapists rely on their clients' narratives to integrate the questions into the clients' real-life experiences.

### Summary

Clearly, a variety of theoretical approaches and techniques are available for counselors to use when addressing their clients' spirituality during the course of therapy. Each of the three theoretical frameworks presented in this paper incorporates spirituality in a different way. Yet, they all interact directly with clients' daily experiences. The cognitive-behavioral approach focuses on clients' underlying beliefs and assumptions. Object relations therapists address clients' relationships with themselves, others, and God. Logotherapy therapists help clients examine existential questions. Counselors may find one perspective more appropriate when considering specific clients' concerns, personalities, and worldviews. Furthermore, when counselors consider these theoretical perspectives altogether, a variety of interventions is possible.

## Ethical Concerns

There are several ethical issues that pertain especially to the integration of spirituality into the domain of mental health counseling. These issues include the use of informed consent, adequate counselor training and supervision, non-imposition of counselors' values and beliefs, timing, and appropriate referrals.

### Informed Consent

McMinn (1996) stressed the importance and value of using an appropriate informed consent during the initial interview, so that clients have an opportunity to understand the counselor's perspectives. The informed consent should include statements about the counselor's theoretical perspective, as well as the possible use of spiritual interventions. Counselors should also discuss their commitment to not impose their own values on their clients. As a result, clients can choose whether they want to work with the counselor or make an alternative choice.

### Adequate Training and Supervision

There is a great amount of knowledge that is relevant to the integration of spirituality into mental health counseling. In order to provide competent counseling, counselors should obtain at least a basic understanding of spirituality and how spirituality can interface with mental health counseling. Counselors could attend seminars, read books, take classes, and/or do a personal spiritual examination to build and augment a basic understanding. Counselors should also

find a counselor with more experience in dealing with spirituality who will provide supervision when it is needed (Gange-Fling & McCarthy, 1996; Richards & Bergin, 1997).

### Non-Imposition of Beliefs and Values

Whether counselors have a basic understanding of spirituality or have more experience dealing with clients' spirituality, they must guard against imposing their own spiritual values and beliefs upon their clients (Fukuyama & Sevig, 1997; Gange-Fling & McCarthy, 1996; Richards & Bergin, 1997). It is important for counselors to respect their clients' beliefs and values.

Richards and Bergin (1997) suggested some guidelines to help counselors respect their clients' values. Counselors should not attempt to convert clients to their religious ideology. They should not berate clients who engage in lifestyle activities with which they disagree. Counselors should openly discuss sharp value disagreements that arise during therapy, allowing clients to remain autonomous throughout the counseling process. Furthermore, counselors should not address spiritual goals without the express consent of clients. When preparing to use spiritual interventions, counselors should give clear and brief descriptions along with a rationale for their use.

### Timing

After a therapeutic relationship has been established, the timing of spiritual interventions is an important consideration. Clients may have psychological needs that are quite pressing, and these may need to be addressed before clients' spiritual concerns can be addressed (Gange-Fling & McCarthy, 1996).

In addition, Post (1998) emphasized that spirituality and religion hold inherent personal coping resources for people during times of suffering and dying. Post expressed his opinion that "any lack of appreciation for them in this context must be considered poor medical practice, if not malpractice" (Post, 1998, p. 23).

Clearly, from these two perspectives, spiritual interventions are appropriate at certain times with certain clients. Competent counselors will use discretion to determine the appropriate time to use them.

### Referrals to Other Professionals

Beginning with the process of assessment, counselors should ask themselves whether or not they are qualified to deal with their clients' issues (Gange-Fling & McCarthy, 1996). There are several issues that counselors can consider to help them determine their qualifications. Counselors may find that clients are asking deep questions that the counselor has not yet addressed personally. Or there may be sharp differences in counselor and client worldviews that would seriously impede the therapeutic process (Nino, 1997). Clients may

come from a distinct culture that is unfamiliar to counselors, where spirituality is interwoven with psychological wellness (Fukuyama & Sevig, 1997). Furthermore, Nino (1997) emphasized the fact that psychological theories may not always provide a format that is suitable for approaching certain spiritual issues.

After considering these multiple issues, as Gange-Fling & McCarthy (1996) suggested, counselors must make a determination. They must decide when they are competent to work with specific clients or when they should make a referral to another uniquely qualified mental health professional. They may also decide that referral to a person associated with their clients' religion might be the most helpful and appropriate intervention they can make

These specific ethical issues especially pertain to the issue of spirituality in mental health counseling. Mental health counselors should also review the general ethical guidelines of their profession before addressing spirituality with their clients.

### Conclusion

Even though spirituality is not often addressed in counselor education programs, mental health practitioners need to have an understanding of what spirituality is, as well as spiritual issues that may be present during the counseling process, because many clients have spiritual issues that they want to address during the process of counseling. This is beneficial for clients in a variety of ways and can



also enhance the process of therapy. To provide the most professional and ethical treatment, counselors need to be informed through knowledge and theory, but possibly more importantly, must examine their own spirituality. There are several perspectives and many interventions that allow counselors to integrate the spiritual dimension into their work.

Effective counselors will establish therapeutic relationships with their clients and attempt to understand their clients' worlds with flexible attitudes. They will also consider and honor ethical principles that particularly relate to spiritual issues by using informed consent procedures, not imposing their own values on their clients, obtaining adequate training and supervision, recognizing the importance of timing, and knowing why and when to refer clients to other professionals for treatment. With all of these conditions in place, mental health counselors should be able to provide creative, individualized treatment that successfully addresses their clients' spiritual needs.

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